

STATE OF SOUTH DAKOTA

VETERINARY MEDICAL EXAMINING BOARD
411 SOUTH FORT STREET
PIERRE, SD 57501APPLICATION FOR RENEWAL OF REGISTRATION OF VETERINARY LIVESTOCK ASSISTANT

I hereby apply for a **Renewal** of registration as a Veterinary Livestock Assistant to assist in the practice of Veterinary Medicine in the state of South Dakota and submit the following statement in support of such **Renewal** registration.

1. Name: _____
Last First Middle

2. Permanent Address: _____
Street/Box City State Zip

3. Telephone Number: Area code (____) _____

4. Education:	Elementary	1	2	3	4	5	6
	Secondary	7	8	9	10	11	12
	Higher Education	1	2	3	4	5	6

5. Supervising Veterinarian: Name: _____
Last First Middle

Address: _____
Street/Box City Zip

Phone-Office:(____) _____ Home:(____) _____

6. Livestock Assistant tasks to be performed by Applicant:

Spaying of heifers: Yes _____ No _____

Administration of biologics and pharmaceuticals: Yes _____ No _____

7. Practice Agreement:

(Attach copy of **Current** Practice Agreement as required by ARSD 20:57:05:02)

8. Supervising Veterinarian name: _____

Signature License # Date

9. Veterinary Livestock Assistant name: _____

Signature Date

Return To: SD Veterinary Medical Examining Board
411 South Fort Street, Pierre, SD 57501